

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-019930**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

**BEST AVAILABLE COPY**